Disclosure Report Cover Amendment ☐ Yes Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information. 1. Committee Information a. Full Name c. ID Number FRANK WILLIAMS COMMITTEE BRU-988340-C-001 b. Mailing Address (include City, State and Zip Code) d. Date Filed P.O. BOX 1962 01/07/2016 LELAND, NC 28451 e. Phone Number 7. Reg. Vear 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2015 07/01/2015 GRETA WALKER 12/31/2015 6. Type of Committee (Check One) (check only one type of report from one category) 9. Type of Report X Candidate Campaign 🔲 Party Municipal State/County Referendum Joint Fundraiser ☐ PAC Organizational Organizational Organizational Referendum Legal Expense Fund Thirty-five day Quarterly Pre-referendum (if applicable, check one) 7. Type of Fund Pre-primary First Final ☐ "Booster Fund" Pre-election Second Supplemental Final Baild / Fund Pre-runoff Third Annual Presidential Election Year Candidates Fund Semi-annual Fourth Special ■ NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Di'ier: Final Year End 8. Num of Fundraisers this Report Special ☐ Final Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name 3B&T PIRYX INC L. Purp ise c. Account Code b. Purpose c. Account Code PRIMARY CHECKING RECEIVE ONLINE MAIN ONLINE 12 CONTRIBUTIONS d. Period Begin Balance d. Period Begin Balance \$ 9,728.63 310.37 CRET ATION I certic that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board 01/13/2016 Printed Name of Signer Signature of Appointed Treasurer Date FOR TFICE USE ONLY Date . eceived: Delivery Method Hmp loyee ☐ Normal Mail Registered Mail Date Postmarked: Employe Hand Delivered ☐ Electronically Filed Dato Scanned: Employee

Signer has not received Date Data Entered: Employee: mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Use this form to summarize all disclosure reporting forms at 1. Committee Full Name (and Fund if applicable)	2. Type of Re			ID Nur	nher
FRANK WILLIAMS COMMITTEE	2015 Year E				88340-C-001
G. 4 677 41 G. 1 7 4 2012	Total th				Total this
Start of Election Cycle: January 1, 2013		Reporting Perio		Ð	ection Cycle
4) Cash on Hand at Start		\$	10,286.75	\$	2,112.1
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	530.00	\$	3,645.5
6) Contributions from Individuals	(CRO-1210)	\$	2,665.00	\$	17,009.5
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.0
8) Contributions from Other Political Committees	(CRO-1230)	\$	100.00	\$	700.0
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$	0.0
0) Refu &/Reimbursements to the Committee	(CRO-1240)	\$	4.50	\$	4.50
1) Other Receipt Sources	E CELE TO THE PERSON OF				
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	\$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	\$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	0.0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	s	0.00	\$	0.0
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.00	s	0.00
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,		\$	3,299.50	\$	21,359.57
EXPINDITURES					
3) Diabrasements				100000	
13a) Operating Expenditures	(CRO-1310)	\$	4,655.54	\$	12,733.34
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00	\$	1,790.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00
4) Agg. gated Non-Media Expenditures	(CRO-1315)	\$	0.00	\$	0.00
5) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00	\$	0.00
7) In-Kind Contributions	(CRO-1510)	\$	115.00	\$	132.65
8) TV:TAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	14/22/	\$	4,770.54	\$	14,655.99
9) Cash on Hand at End (Add lines 4 and 12 together, then sub		\$	8,815.71	\$	8,815.71
ADDITIONAL INFORMATION			0,015.71		0,015.71
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00		
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00		
2) Deate and Obligations owed by the Committee	(CRO-1610)	\$	0.00		
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00		
1) Account Transfers Within the Committee	(CRO-1720)	\$	830.55		
5) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00
5) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$	0.00
3) Contributions to be Refunded	(CRO-1215)	\$	0.00	\$	0.00

Amendment Aggregated Contributions from Individuals Page 1 of 1 ☐ Yes X No Optional form used to report NC Contributions From Individuals of \$50 or less 1. Committee Full Name (and Fund if applicable) 2. ID Number FRANK WILLIAMS COMMITTEE BRU-988340-C-001 3. Contributor Information a. Amend b. Account Code c. Form of Payment d. In-Kind Description e. Date (mm/dd/yyyy) f. Amount Add MAIN Check 12/23/2015 \$ ☐ Remove 25.00 Add MAIN Check 08/03/2015 ☐ Remove \$ 25.00 Add MAIN Check 07/31/2015 ☐ Remove \$ 25.00 Add MAIN Check 11/19/2015 \$ Remove 50.00 Add MAIN Check 09/05/2015 ☐ Remove \$ 20.00 Add MAIN Check 08/03/2015 Remove \$ 25.00 Add ONLINE 12 Credit Card 12/30/2015 ☐ Remove \$ 20.00 Add MAIN Check 08/18/2015 \$ ☐ Remove 50.00 Add MAIN Check 11/18/2015 Remove \$ 30.00 Add MAIN Check 08/04/2015 \$ Remaye 50.00 Add MAIN Check 07/27/2015 \$ ☐ Remove 50.00 Add MAIN Check 11/12/2015 \$ Re rove 25.00 A6. MAIN Check 11/19/2015 \$ 40.00 Remove Add MAIN Check 08/03/2015 \$ Remove 25.00 Add MAIN Check 08/03/2015 \$ Remove 20.00 Add MAIN Check

CRO-1205

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5. Total of ALL CRO-1205 Pages

(This line must be on line 5 of Detailed Summary Page CRO-1100)

NC State Board of Elections

08/03/2015

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\$530.00 April 2007

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Use th	his form to report i	from Individua	ons over \$50 or	contribution	Pg 1 of 8 ns under \$50 if form CRO	В 🛛 Уе	dment es 🔀 No used
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Amendment Contributions from Individuals 4 ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number FRANK WILLIAMS COMMITTEE BRU-988340-C-001 3. Contributor Information Remove ☐ Add a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED RANDALL D HENDREN 1116 EVANGELINE DRIVE c. Employer's Name/Specific Field LELAND, NC 28451 **DUPONT - RETIRED** e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check MAIN 11/11/2015 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PACKAGING EXECUTIVE RICHARD LEARY c. Employer's Name/Specific Field 1204 EARNLEY COURT LELAND, NC 28451 RETIRED e. Dection Sum to Date 55.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card **ONLINE 12** X 03/25/2015 \$ 20.00 Credit Card **ONLINE 12** 12/08/2015 \$ 35.00 \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) HOMEMAKER SUSAN LEARY 1204 EARNLEY COURT c. Employer's Name/Specific Field LELAND, NC 28451 **HOMEMAKER** e. Dection Sum to Date 55.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card **ONLINE 12** X 03/25/2015 \$ 20.00 Credit Card ONLINE 12 12/08/2015 \$ 35.00 \$

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5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

170.00

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Amendment **Contributions from Individuals** 5 of ☐ Yes Pg X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number FRANK WILLIAMS COMMITTEE BRU-988340-C-001 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SALES JIM R MARTIN 1807 SMOKETREE COURT SE c. Employer's Name/Specific Field BOLIVIA, NC 28422 SELF e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount MAIN Check 11/12/2015 S 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PHARMACEUTICAL MKTG J. BAXTER MCQUILKIN c. Employer's Name/Specific Field 1108 EVANGELINE DRIVE LELAND, NC 28451 RETIRED e. Dection Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check MAIN 11/19/2015 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CPA LESLIE W MERRITT JR c. Employer's Name/Specific Field 9520 CAR KARE DRIVE ZEBULON, NC 27597 SELF e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check MAIN 08/05/2015 \$ 250.00 \$

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450.00

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Contributions from Individuals

Pg 6 of 8 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number FRANK WILLIAMS COMMITTEE BRU-988340-C-001 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **ENGINEER** LARRY W MITCHELL c. Employer's Name/Specific Field 7504 PENNY ROAD RALEIGH, NC 27606 **NEWBERRY** e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check MAIN 11/09/2015 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Donor submitted contribution BRANCH MANAGER online earlier, but due to a SAMUEL G MORSE glitch with our provider it was c. Employer's Name/Specific Field **4513 CONNELL DRIVE** not received by the committee RALEIGH, NC 27612 CITY ELECTRIC SUPPLY e. Dection Sum to Date 230.52 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card **ONLINE 12** 09/11/2015 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MANUFACTURERS AGENT VINCE MUSILLI c. Employer's Name/Specific Field 1367 PARKLAND WAY LELAND, NC 28451 SELF e. Election Sum to Date 160.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check MAIN 11/14/2015 \$ 50.00 \$ \$ 250.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 2,665.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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		from Individual			Pg 8 of 8		Amendm Yes	X No
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SUSAN PO BOX	I ZIMMERMAN			- Employer'	s Name/Specific Field	1		
	X 355 Y, NC 28462		-	RETIRED	Name/opecine			
,011	., 110 20.01			RETIRES		e. D	lection Su	m to Date
			1-11-4			\$		100.00
Prior g	g. Account Code		i. In-Kind Desci	cription	j. Date (mm/dd/yyyy)		k. Amount	
	ONLINE 12	Credit Card			12/21/2015		\$	100.00
						7	\$	
						-	\$	
. Total	l only this Pag	σe			90 (0.00)	\$		425.00
. Total	l of ALL CRO	O-1210 Pages						
		6 of Detailed Summary Pa	age CRO-1100)			\$		2,665.00

	ions from Other report contributions				1_	Amendment Yes No		
1. Committee F	ull Name (and Fund if	applicable)			[2. I	D Number		
FRANK WILL	IAMS COMMITTEE				BRU-988340-C-001			
3. Contributor	/X51		☐ Add ☐ Remove					
	ailing Address & Phon	e	b. Type of Commi	ttee	d. Comments			
(include city,	state, & zip) RR COMMITTEE		Candidate Referendum	☐ PAC				
P.O. BOX 5928			c. Level Registere	d (Specify)	1			
	LEM, NC 27113		Federal State	County: Municipality:	e. E	lection Sum to Date		
					\$	100.00		
f. Account Code	g. Form of Payment	h. In-Kind Descr	iption	i. Date (mm/dd/y)	ууу)	j. Amount		
MAIN	Check			08/15/2015		\$ 100.00		
						\$		
						\$		
4. Total only this	s Page				\$	\$100.00		
	CRO-1230 Pages be on line 8 of Detailed S	ummary Page CRO-	1100)		\$	\$100.00		
CRO-1230		NC Stat	e Board of Elections		-	April 200		

Refunds/R	eimb	ursements	To the Com	mittee P	g <u>1</u> of _	1	Amendm Yes	ent No
Use this form to	report r	efunds received	d by the committee of	or reimbursements	for a previous ex	 mendi	ture.	
1. Committee Fu							Number	
FRANK WILLI	AMS C	COMMITTEE				-		340-C-001
3. Contributor In				Add R	emove	150		
a. Full Name, Mai	ling Ad	ldress & Phone		d. Type of Comn	ittee	g. Co	mments	
(include city, st PIRYX		zip)		Candidate Referendum	PAC Party	Credit	due to the o	company not donation to
144 2nd St. 1st F				e. Level Registe	red (Specify)	h. Original Expenditure Dat		
SAN FRANCISCO, CA 94105				☐ Federal ☐ State	☐ County: ☐ Municipality:	. 09/11/2015		
					Wishase is	i. Ori	ginal Expe	enditure Amt
L I.I TVA (b. c			,			\$		4.50
b. Job Title/Profes	sion	c. Employer's	Name/Specific Field	f. Purpose	j. Election Sum to Date		to Date	
				CREDIT DUE TO ERROR	O COMPANY	\$		207.54
k. Account Code	-	n of Payment	m. In-Kind Descrip	tion	n. Date (mm/dd/	уууу)	o. Amoun	
ONLINE 12		tric Funds Tran			09/11/2015		\$	4.50
4. Total only tl	his Pa	ge				\$		4.50
5. Total of AL. (This line must be			es mmary Page CRO-110	0)		\$		4.50
CRO-1240	-			rd of Elections				December 2007

Amendment

D:			4
DIS	burs	eme	nts

				Amendme	ent	
Pg	1	of	_9_	☐ Yes	X No	

1. Committee Fu FRANK WILLIA						2. ID Nu BRU	ımber -988340-C-001
3. Type of Disbur	sement (Pleas	e use separate CR	0-1310 forms for ea	ch type of Disb	ursem	ent.)	
Operating Expe	enses	ntributions to Candida	tes/Political Committee	es 🔲 Co	ordina	ted Party I	Expenditures
4. Payee Informa	tion		Add 🗖	Remove			
a. Full Name, Mai		hone	b. Coordinat	ed Committee N	lame	d. Com n	nents
(include city, state	e, & zip)						
ALPHAGRAPH:							
3538-1 S COLLE			E. Level Regi	stered (Specify) County	-	-	
WILMINGTON,	NC 28412		State			e Flecti	on Sum to Date
					punty.		
						\$	2,201.86
f. Account Code g	. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount	k. Re	quired R	emarks
MAIN	Check	В	08/29/2015	\$ 746.59	STA	TIONER	RY,
MAIN	Check	ВІ	12/08/2015	\$ 335.63	FIN	BKAIS	NG LTR
4. Payee Informat	tion		☐ Add ☐	Remove		Man out	
a. Full Name, Mail		hone	Control of the contro	ed Committee N	lame	d. Com n	1ents
(include city, state		iioii o					
ASG SPECIALT							
119 DIVISION D			c. Level Regi	stered (Specify)			
LELAND, NC 2			☐ Federal	☐ County			
			☐ State	☐ Munici	pality:	e. Dectio	on Sum to Date
						\$	258.12
f. Account Code g	. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy) i. Amount	lk. Re	quired Re	emarks
MAIN	Check	o	08/29/2015	\$ 258.12	1	GNETS	
	- W		00/23/2015	\$	1.21		
4. Payee Informat		ajirasi komanya	Add -	Remove		1.0	
a. Full Name, Mail		ione	b. Coordinate	ed Committee N	am e	d. Com m	ents
(include city, state	, & zip)						
BLUEHOST 1958 S 950 EAST			c. Level Regis	stered (Specify)			
PROVO, UT 846			☐ Federal	☐ County			
1110 10,01 010			☐ State	☐ Munici	pality:	e. Dectio	n Sum to Date
						\$	380.88
C Assount Code	Form of Danier	Th Durness Code	Boss (m = /ad/m)	J. Amaria	li, n-		
MAIN			i. Date (mm/dd/yyyy)			quired Re	
IVIAIN	Debit Card	0	07/11/2015	\$ 190.44	1	TING	WEBSITE
				\$	nos	TING	
5. Total only this I	Page				· // /	\$	1,530.78
6. Total of ALL CI							
(This line goes in la (This line goes in la	ine 13a of Detailed ine 13b of Detailed	Summary Page CRO-	1100 if Operating Expe	didates/Political C	-	\$	4,655.54
			1100 if Coordinated Pa	y Expenditures)			
		expenditure code		.	A		
A* - Media	B* - Printi	_	C* - Fundraising			ner Candi	
E - Salaries - Postage	F* - Equipn J - Penaltie		G - Political Party		_		Office Expenses
O* Other	J - renalth	33	K* - Office Expense	s Q" - D	OHRHO	n to Lega	l Expense Fund
and the second second second	etailed explanation	on in required rem	arks field(k)	MESSEL CO			

D	ic	h	112	-614	. 22	••	-	tes
IJ	12	v	ui	21	ж	ш	ш	LS

			Amendme	nt	
Pg	 of	9	☐ Yes	X	No

1. Committee Ful	The second second						2. ID Nu	
FRANK WILLIA	AMS COMMIT	ree					BRU-	988340-C-001
3. Type of Disbur		se use separate C				rseme	ent.)	
Operating Expe	nses 🔲 Co	ntributions to Cand	lidates/Political Con	nmittees	□ C ₀	ordinat	ed Party E	xpenditures
4. Payee Informat			☐ Add		Remove			WANTED TO THE
a. Full Name, Mail	ling Address &	Phone	b. Coo	rdinate	d Committee N	am e	d. Comm	ents
(include city, state	, & zip)							
BRUNSWICK C	OUNTY BOAR	D OF ELECTIO						
P.O. BOX 2					tered (Specify)			
BOLIVIA, NC 2	8422			deral	County			
			☐ Sta	ite	☐ Municip	pality:	e. Electio	n Sum to Date
							\$	224.00
f. Account Code g.	Form of Payme	nt h. Purpose Co	de i. Date (mm/d	d/yyyy)	j. Amount	k. Re	quired Re	marks
MAIN	Check	0	12/01/20	15	\$ 224.00	FILI	NG FEE	
					\$			
4. Payee Informati	ion		☐ Add		Remove			
a. Full Name, Maili		hone	b. Coo	rdinate	d Committee N	am e	d. Comm	ents
include city, state.	, & zip)							****
BRUNSWICK CO	DUNTY GOVT							
PO BOX 249			c. Le ve	l Regist	tered (Specify)			
BOLIVIA, NC 28	3422		☐ Fed		County:			
			☐ Star	te	☐ Municip	ality:	e. Dection	n Sum to Date
							\$	15.00
. Account Code g.	Form of Paymen	t h. Purpose Coc	le i. Date (mm/de	d/vvvv)	i. Amount	k. Re	quired Re	
MAIN	Check	В	09/08/20		\$ 15.00	-	MAPS	
120 200	W				\$			
I. Payee Informati	on		☐ Add		Remove	and the second		
. Full Name, Maili		hone		1000	Committee Na	me I	d. Comme	n te
include city, state,		none	D. C 001	- arte	Committee Na	-	u. Com m	
BRUNSWICK CO		I ICANI DADTV						
71 OLD OCEAN		LICAN PART I	c. Level	Regist	ered (Specify)			
BOLIVIA, NC 28			☐ Fed		County:	-		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			X Stat	е	☐ Municip	ality:	e. Dection	Sum to Date
					****		•	1.000.00
							\$	1,275.00
Account Code g. l			e i. Date (mm/dd			k. Red	uired Ren	narks
MAIN	Check	G	07/03/201	5	\$ 250.00			
MAIN	Check	G	09/08/201	5	\$ 100.00			
. Total only this Pa	age					4000	\$	589.00
. Total of ALL CR	O-1310 Pages							
(This line goes in lin	e 13a of Detailed	Summary Page CR	O-1100 if Operating	g Expens	ses)	COLUMN TO SERVICE STATE OF THE	Φ.	4 655 54
(This line goes in lin						mm)	\$	4,655.54
(This line goes in lin	te 13c of Detailed	Summary Page CR	0-1100 if Coordina	ted Part	y Expenditures)			
Purpose Code			e in (h.) above)					
* - Media	B* - Printi	_	C* - Fundraisi	-			er Candid	
- Salaries	F* - Equipn		G - Political Pa	rty	Н* - Но	lding	Public Of	fice Expenses
- Postage	J - Penaltie	es	K* - Office Ex	penses				Expense Fund
* Other								-
Codes require de	tailed explanatio	on in required re	marks field(k)			6		

T .			4
I DIS	hiirs	em	ents

				Amendme	nt	
Pg	3	of	9	☐ Yes	X	No

1 Committee Ful	Name (and Fund i	famicable)	a series and the series of			2. ID Numb	
	AMS COMMITTE					BRU-98	8340-C-001
2 T CDI-l-	Please	isa sanarata CRO	-1310 forms for each	type of Disbui	seme	nt.)	
3. Type of Disbur Operating Expe		ibutions to Candidate	es/Political Committees	☐ Coo	rdinate	ed Party Expe	enditures
			☐ Add ☐	Remove			
4. Payee Informa	ling Address & Pho	nna .		d Committee Na	me	d. Commen	ts
a. run wame, wan (include city, state							
The second secon	OUNTY REPUBL	ICAN WOMEN					
206 E NASH ST		ICAN WOMEN	c. Level Regis	tered (Specify)			
SOUTHPORT, N			☐ Federal	County:			
SOUTH ONLY.	10 20 10 1		X State	☐ Municip	ality:	e. Dection	Sum to Date
						\$	235.00
		h. B Code	Date (mm (dd/mm))	Ii Amount	k Re	quired Rem	arks
			i. Date (mm/dd/yyyy)			40.100	
MAIN	Check	G	10/30/2015				
				\$			
4. Payee Informa	tion		☐ Add ☐	Remove			
	ling Address & Ph	one		d Committee Na	am e	d. Commen	ts
(include city, stat							
CHARLIE MAC		***************************************					
117 VILLAGE R				tered (Specify)			
LELAND, NC 2			Federal	County:		a Floation	Sum to Date
			State	Municip	anty:	e. Election	Sum to Date
						\$	150.00
	g. Form of Payment	h Purnose Code	i. Date (mm/dd/yyyy)	i. Amount	k. Re	quired Rem	arks
			12/12/2015	\$ 150.00		OM DEPOS	
MAIN	Check	С	12/12/2013		ROC	- DEI GO	
				\$			
4. Payee Informa	tion	西斯巴尼斯里斯	Add 🗆	Remove			
	iling Address & Ph	one	b. Coordinate	d Committee N	am e	d. Comme	ı ts
(include city, stat							
ENVATO - THE							
	EET, MELBOURN	E		stered (Specify) County			
VICTORIA 300	O AUSTRALIA		Federal State			e Election	Sum to Date
			LI State	terminon	Julity.		Her many to the com-
						\$	91.35
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Rem	arks
MAIN	Debit Card	0	07/13/2015	\$ 1.35	WE	BSITE EXI	PENSE
					CAN	MPAIGN W	EDGITE
MAIN	Debit Card	0	07/13/2015	\$ 45.00	1000000	ME EME	EBSITE
				SHINDRAG WITHOUT	1111		296.35
5. Total only this	Page					\$	290.33
	CRO-1310 Pages						
(This line goes in	line 13a of Detailed	Summary Page CRO	0-1100 if Operating Exp	enses)	_	\$	4,655.54
(This line goes in	line 13b of Detailed	Summary Page CRO	-1100 if Contrib to Can	didates/Political (Comm)		
			-1100 if Coordinated Po	arty Expenauures,			
7. Purpose Co	des (List detailed	expenditure code					
A* - Media	B* - Printi	ng	C* - Fundraising			ther Candid	
E - Salaries	F* - Equipm		G - Political Party				fice Expenses
I - Postage	J - Penaltie	es	K* - Office Expense	es Q* - 1	onati	on to Legal	Expense Fund
O* Other			6.13.0.			OF REAL PROPERTY.	No. 1911 Section 1
* Codes require	detailed explanation	on in required rei	marks field (K)		Charles II	AND DESCRIPTION OF THE PERSON	December 200

TO:			
DIS	burs	em	ents

				Am	endm	ent	
Pg	4	of	9		Yes	X	No

1. Committee F	ull Name (and Fund	if applicable)	(shirephylahidi)				2. ID Nu	
FRANK WILL	IAMS COMMITTE	E					BRU-	988340-C-001
3. Type of Disbu	rsement (Please	use separate CR	0-1310 forms for	each typ	e of Disbu	rseme	nt.)	
Operating Exp	oenses	ributions to Candida	tes/Political Commi	ittees	☐ Co	ordinat	ed Party E	xpenditures
4. Payee Inform			☐ Add ☐	Ren	nove		Salan III	
a. Full Name, Ma	ailing Address & Ph	one	b. Coordi	nated Co	mmittee N	am e	d. Com m	ents
(include city, sta	te, & zip)							
FACEBOOK IN	NC .						1	
1601 S CALIFO	ORNIA AVE				(Specify)			
PALO ALTO, O	CA 94304		Federa		County			
			☐ State		Municij	pailty:	e. Becho	n Sum to Date
							\$	850.24
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	vvv) i. Ar	nount	k. Re	quired Re	marks
MAIN	Debit Card	A	07/07/2015	7.50 E COUD	350.00	-	EBOOK	
				-	330.00	\vdash		
MAIN	Debit Card	Α	07/15/2015	\$	474.88	FAC	EBOOK	ADS
4. Payee Informa	ation		Add 🗆	Rem	ove			
a. Full Name, Ma	iling Address & Ph	one	b. Coordi	nated Co	nmittee N	am e	d. Com m	ents
(include city, sta	te, & zip)							
FACEBOOK IN	· -				10 10 1			
1601 S CALIFO				egistered				
PALO ALTO, C	CA 94304		Federa	ц	County:		- 51 - 41 -	- C 4- D-4-
			☐ State		iviunicip	anty:	e. Mecno	n Sum to Date
							\$	850.24
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	yyy) j. An	nount	k. Re	quired Re	marks
MAIN	Debit Card	0	12/01/2015	\$	25.36	FAC	EBOOK .	AD
+				\$				
4. Payee Informa	ntion		☐ Add ☐	Rem	ove	311	Maked	United House and the last of t
	iling Address & Pho	one	The second secon		nmittee Na	me	d. Comm	ents
(include city, stat								
GODADDY, IN								
14455 N. HAYE			c. Level R	egistered	(Specify)			
SUITE 226			☐ Federa	1	County:			
SCOTTSDALE,	AZ 85260		☐ State		Municip	ality:	e. Dection	n Sum to Date
							\$	658.31
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y)	yyy) j. An	ount	k. Re	quired Re	marks
MAIN	Debit Card	0	11/02/2015	\$	76.85	WEE	SITE EX	PENSE
MAIN	Debit Card	0	11/11/2015	\$	31.34		SITE EX	
5. Total only this		ALEST HEALTH					\$	958.43
	CRO-1310 Pages							200110
	line 13a of Detailed S	ummam Daga CDO	1100 if On anating 1	(Temamono)		CALID.		
	line 13b of Detailed S			-	Political C	(m.)	\$	4,655.54
	line 13c of Detailed St		_			,		
and the second	des (List detailed			42,631				
A* - Media	B* - Printing		C* - Fundraising	2	D-To	Anoth	er Candid	late
E - Salaries	F* - Equipme		G - Political Party	-				ffice Expenses
- Postage	J - Penalties		K* - Office Expe			-		Expense Fund
O* Other								
* Codes require	detailed explanation	in required rem	arks field(k)					

	-		4
Die	DATE INC.	011110	mte
1715	burs	CILIC	1112

				Amendm	ent	
Pg	5	of	9	☐ Yes	X	No

1. Committee Fu	ll Name (and Fund	if applicable)	NUTURE EVOLUTION			2. ID Nun	
	AMS COMMITT					BKU-9	88340-C-001
3. Type of Disbut	reement (Please	use separate CRO	0-1310 forms for each	type of Disbu	rseme	nt.)	Valley Mark
Operating Expe			tes/Political Committees		rdinat	ed Party Ex	penditures
4. Payee Informa			☐ Add ☐	Remove			
	iling Address & P	hone	b. Coordinate	d Committee Na	ım e	d. Comme	nts
(include city, stat							
GODADDY, IN	C.		- Level Degle	tered (Specify)	-		
14455 N. HAYD	EN RD.		Federal	County:	-		
SUITE 226	A 77 . 0.50.C.O.		State	☐ Municip		e. Dection	Sum to Date
SCOTTSDALE,	AZ 83200					s	658.31
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy)			quired Re	
MAIN	Debit Card	0	11/12/2015	\$ 32.34	WE	BSITE EX	PENSE
				\$			
4. Payee Informa	ition		□ Add □	Remove			
	iling Address & P	hone	b. Coordinate	d Committee N	am e	d. Commo	nts
(include city, stat							
LOWER CAPE	FEAR REPUBLI	CAN WOMEN	1 10 10	to and (Emonify)			
PO BOX 7635			Federal	tered (Specify) County		1 - 1	
WILMINGTON	, NC 28406		X State	Municip		e. Election	Sum to Date
						s	300.00
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy)	-	k. Re	equired Re	marks
MAIN	Check	G	09/08/2015	\$ 150.00			
				\$			
4. Payee Informa	ntion		☐ Add ☐	Remove			
	iling Address & P	hone	b. Coordinate	d Committee N	am e	d. Comm	ents
(include city, stat							
	AN EXECUTIVE	COMMITTEE	- I D - I	to and (Smoot fu)			
PO BOX 12905			C. Level Regis	stered (Specify) County			
RALEIGH, NC	27605		■ Federal			e. Dectio	n Sum to Date
				-			515.00
						\$	
f. Account Code	g. Form of Paymer	t h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Re	marks
MAIN	Check	G	10/30/2015	\$ 200.00			
				\$		787	
5. Total only this	Ропа					\$	382.34
A LOT OF STREET AND ADDRESS.					Alu-		
	CRO-1310 Pages	d Summary Page CRI	0-1100 if Operating Exp	enses)			4,655.54
(This line goes in	i une 13u oj Deiuuei o line 13h of Detailei	i Summary Page CRO	0-1100 if Contrib to Can	didates/Political (Comm)	\$	4,033.34
(This line goes in	ine 13c of Detailed	i Summary Page CRO	0-1100 if Coordinated Po	irty Expenditures)			
		ed expenditure code					
A* - Media	B* - Print		C* - Fundraising			ther Candi	
E - Salaries	F* - Equip		G - Political Party			_	office Expenses
I - Postage	J - Penal	ties	K* - Office Expense	es Q* - I	onati	on to Legs	d Expense Fund
O* Other	1.4.10 1 1	dan in passiland are	marks field (k)				
* Codes require	detailed explanat	tion in required re	marks neid (K)		-		December 2000

Die	bursements	9
11/12	Duisement	•

			ent		
Pg	6	of	9_	☐ Yes	X No

1. Committee Fu	Il Name (and Fund i	fapplicable)	Claring of the land of the land			2. ID Nun	
FRANK WILLI	AMS COMMITTE						88340-C-001
3. Type of Disbu			-1310 forms for eac		<u>rseme</u>	<u>nt.)</u>	100
Operating Exp	enses 🔲 Conti	ibutions to Candidat	es/Political Committees	☐ Coo	ordinat	ed Party Ex	penditures
4. Payee Informa			☐ Add ☐	Remove			
a. Full Name, Ma	iling Address & Pho	one	b. Coordinate	d Committee N	ame	d. Comme	nts
(include city, stat	e, & zip)						
NORTH BRUN	SWICK REPUBLIC	CAN CLUB					
PO BOX 281				tered (Specify)			
LELAND, NC 2	28451		Federal X State	☐ County: ☐ Municip		a Flaction	Sum to Date
			Z State	Ividificit	Jailty.	e. McCiloi	Sum to Date
						\$	500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	guired Rei	narks
MAIN	Check	G	07/02/2015	\$ 250.00			
- Walter	Chock	0	07/02/2010		1	19 m	
			1000	\$			
4. Payee Informa			Add	Remove			CASTALL STATE
a. Full Name, Ma	iling Address & Pho	one	b. Coordinate	d Committee N	am e	d. Comme	nts
(include city, stat	e, & zip)						
OFFICE DEPOT				tered (Specify)			
	TE CROSSING PK	WY	c. Level Regis	County			
SUITE #2			State	☐ Municip		e Election	Sum to Date
SHALLOTTE, N	NC 28470		L State	Ivraintell	Juilly.	C. 12CC1101	
						\$	101.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
MAIN	Debit Card	K	07/26/2015	\$ 9.62	COF	Y PAPER	
				\$			
4. Payee Informa	tion		☐ Add ☐	Remove			
The state of the s	iling Address & Ph	ne		d Committee N	am e	d. Comme	nts
(include city, stat							
PAPA JOHNS	•, • • • • • • • • • • • • • • • • • •						
2013 OLDE REG	GENTS WAY		c. Level Regis	tered (Specify)			
SUITE 140	521110 11111		☐ Federal	☐ County			
LELAND, NC 2	28451		☐ State	☐ Municip	pality:	e. Dection	Sum to Date
						\$	59.72
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Rea	marks
MAIN	Debit Card	0	07/22/2015	\$ 59.72	FOC	D FOR V	OLUNTEER
Na mit	Dobit Gard		0		EVE		
				\$			
5. Total only this	Page					\$	319.34
6. Total of ALL C	CRO-1310 Pages						
(This line goes in	line 13a of Detailed S	Summary Page CRO-	-1100 if Operating Expe	nses)		\$	4,655.54
(This line goes in	line 13b of Detailed S	Summary Page CRO-	-1100 if Contrib to Cand -1100 if Coordinated Pa	iidates/Political C	Comm)		
	des (List detailed	and the same of th	The second secon				
A* - Media	B* - Printin		C* - Fundraising	D-To	Anot	her Candio	late
A Iviedia E - Salaries	F* - Equipm		G - Political Party				ffice Expenses
I - Postage	J - Penaltie		K* - Office Expense				Expense Fund
O* Other	J - I Chaine		Omes Expense	~ 2			
	detailed explanatio	n in required rem	arks field(k)				
		The second second		THE RESERVE OF THE PERSON NAMED IN	100		December 2000

The	1	L
I DIS	bursement	S

				Amendment				
Pg	7	of	9	☐ Yes	M	No		

	full Name (and Fund LIAMS COMMITTE						137,7	2. ID N	umber J-988340-C-001
3. Type of Disbu		use separate CRO	and the second of the						
Operating Exp	The state of the s	ributions to Candida	-			-	ordinat	ed Party	Expenditures
4. Payee Inform	nation ailing Address & Ph	2	Ц	Add D	Remo		0	d. Com	
(include city, sta	_	one		b. Contanace	u Con	I III I I I E E I A	8 AII E	a. Com	m e n ts
PIRYX	itt, a zipj								
144 2nd St. 1st	Floor			c. Level Regis	tered	(Specify)			
	SCO, CA 94105			☐ Federal		County			
				State	L	Municip	ality:	e. Decti	on Sum to Date
								\$	207.54
	g. Form of Payment	h. Purpose Code		(mm/dd/yyyy)	+	ount	k. Re	quired F	temarks
ONLINE 12	Draft	0	09	9/11/2015	\$	4.50	CRE	DIT CA	RD FEE
ONLINE 12	Draft	С		2/08/2015	\$	0.68	CRE	DIT CA	RD FEE
4. Payee Inform				Add 🔲	Remo				
	ailing Address & Pho	one		b. Coordinate	d Com	mittee Na	ame	d. Com	nents
(include city, sta	te, & zip)								
PIRYX 144 2nd St. 1st 1	Elaan			c. Level Regis	tered ((Specify)			
SAN FRANCIS				Federal		County:			
DI II 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00, 011 71100			☐ State		Municip		e. Becti	on Sum to Date
					7 (VI)			\$	207.54
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ONLINE 12	Draft	С	-	2/08/2015	\$	1.58			RD FEE
ONLINE 12	Draft	С	<u> </u>	2/08/2015	\$	1.58			RD FEE
4. Payee Informa	ation			Add 🗆	Remo		A SELECTION		
	ailing Address & Pho	one		b. Coordinate			ım e	d. Com	nents
(include city, stat									
PIRYX	200 mar 100 mar								HELE WILL
144 2nd St. 1st F				c. Level Regis		Specify) County:			
SAN FRANCIS	CO, CA 94105			Federal State	Ė			e. Decti	on Sum to Date
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C A Code	C. C. Down and	L Burness Code	D.4	7 (54)	T		. D.	\$	207.54
ONLINE 12		h. Purpose Code						quired R	
	Draft	С		2/08/2015	\$	2.48	5 250		RD FEE
ONLINE 12	Draft	С	12	2/12/2015	\$	4.50	CRE	DIT CAI	
5. Total only this		Water the				1		\$	15.32
	CRO-1310 Pages						4,58		
	n line 13a of Detailed Si				-	10		\$	4,655.54
	n line 13b of Detailed Si n line 13c of Detailed Si		_				mm)		
	des (List detailed e								
A* - Media	B* - Printing			undraising		D-To	Anoth	er Cand	idate
E - Salaries	F* - Equipme	nt	G - Pol	itical Party		H* - Ho	lding	Public (Office Expenses
l - Postage	J - Penalties		K* - O	ffice Expenses	,	Q* - Do	natio	n to Leg	al Expense Fund
O* Other									
* Codes require	detailed explanation	in required rem	arks fi	eld (k)					

m:	1			-4-
Dis	HILLER	sei	me	TES

				CA LIII	CH CIII	CHIL	
Pg	8_	of	9		Yes	X	No

1. Committee Fu	ill Name (and Fund	fapplicable)				AL SALES		2. ID Nu	mber
	IAMS COMMITTE							BRU-	988340-C-001
3. Type of Disbu	rsement (Please	use separate CRO	-1310	forms for each	l typ	e of Disbu	rseme	nt.)	
Operating Exp		ributions to Candidat	es/Polit	ical Committees		☐ Coc	rdinat	ed Party E	k penditures
4. Payee Informa	ation			Add 🗆	Ren	nove			
a. Full Name, Ma	iling Address & Ph	one		b. Coordinate	d Co	mmittee Na	am e	d. Comm	ents
(include city, sta									
PIRYX									
144 2nd St. 1st 1	Floor			c. Level Regis	terec				
SAN FRANCIS	CO, CA 94105			Federal		County:			. G 4. D.4
				State		Municip	anty:	e. Becho	n Sum to Date
								\$	207.54
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(m m/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
ONLINE 12	Draft	С	12	2/21/2015	\$	4.50	CRE	DIT CAF	ED FEE
ONLINE 12	Draft	С	12	2/30/2015	\$	0.90	CRE	DIT CAF	D FEE
4. Payee Informs	ation	WINDS STREET		Add 🗖	Ren	nove		DE REAL PROPERTY.	
	iling Address & Pho	one		b. Coordinate	d Co	mmittee Na	me	d. Comm	ents
(include city, stat									
PIRYX									
144 2nd St. 1st I	Floor			c. Level Regis	terec				
SAN FRANCIS	CO, CA 94105			☐ Federal ☐ County: ☐ State ☐ Municipality:					
				State		☐ Municip	ality:	e. Electio	n Sum to Date
								\$	207.54
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
ONLINE 12	Draft	С	12	2/30/2015	\$	1.58	CRE	DIT CAF	D FEE
					\$		tventer.		
4. Payee Informa	ition			Add 🗆	Ren	nove			THE PERSON NAMED IN
	iling Address & Pho	one		b. Coordinate	d Co	mmittee Na	me	d. Comm	ents
(include city, stat	e, & zip)								
U.S. POSTAL S	ERVICE								
VILLAGE ROA				c. Level Regis	terec				
LELAND, NC 2	28451			☐ Federal		County:			0 . 5 .
				State			anty:	e. Electio	n Sum to Date
								\$	1,053.00
f. Account Code 8	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
MAIN	Debit Card	I	07	7/22/2015	\$	476.00			
MAIN	Check	0	07	7/27/2015	\$	56.00	PO B	OX REN	TAL
5. Total only this	Page		STORE STORE					\$	538.98
6. Total of ALL C									
	line 13a of Detailed S	ummaro Page CRO-	1100 if	Oneratina Expe	nses)				
	line 13b of Detailed S					s/Political C	omm)	\$	4,655.54
	line 13c of Detailed S								
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	above)	2186			Tely stell	
A* - Media	B* - Printin	g	C* - F	undraising		D-To	Anoth	ner Candi	date
E - Salaries	F* - Equipme	ent	G-Po	litical Party			_		ffice Expenses
I - Postage	J - Penalties		K* - 0	ffice Expenses	3	Q* - D	onatio	n to Lega	l Expense Fund
O* Other		A							
* Codes require	detailed explanation	n in required rem	arks fi	eld(k)					

Die	burs		
	nais	eme	1112

Pg 9 of 9 Yes X No

CAN COLUMN TO THE COLUMN TO TH	full Name (and Fund	The second secon			NT 1-10			2. ID Nui	mber
FRANK WILI	LIAMS COMMITTE	EE						BRU-	988340-C-001
3. Type of Disb	ursement (Please	use separate CR	0-1310 for	rms for eac	h type	of Disbu	rseme	<u>nt.)</u>	
Operating Ex	penses	ributions to Candida	tes/Political	Committees		☐ Co	ordinat	ed Party Ex	penditures
4. Payee Inforn	nation		☐ A	dd 🔲	Remo	ove			E DEVENTE
a. Full Name, M (include city, sta	lailing Address & Ph ate, & zip)	one	b.	Coordinate	d Com	mittee N	am e	d. Comm	ents
UNITY GROU	P OF NORTH BRU	NSWICK							
PO BOX 249			c.	Level Regis	tered (Specify)			
LELAND, NC	28451			Federal		County	:		
				State		Municip	ality:	e. Election	n Sum to Date
								\$	75.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (m	m/dd/yyyy)	j. Am	ount	k. Re	guired Re	marks
MAIN	Check	0	10/3	0/2015	\$	25.00	AD I	N CHRIS	TMAS
<u> </u>					\$		PRO	GRAM	
5. Total only thi	is Page		607					\$	25.00
6. Total of ALL	CRO-1310 Pages		Fred St.		ASSESSED NO.	<i>y</i> = 100	MISH		
(This line goes i	in line 13a of Detailed S in line 13b of Detailed S in line 13c of Detailed S	Summary Page CRO	-1100 if Co	ntrib to Cand	idates/		'omm)	\$	4,655.54
7. Purpose Co	odes (List detailed	expenditure code	in (h.) abo	ove)					
A* - Media	B* - Printin	g	C* - Fund	draising		D-To	Anoth	ner Candid	late
E - Salaries	F* - Equipm	ent	G - Politic	cal Party		H* - H	olding	Public O	ffice Expenses
I - Postage	J - Penaltie	s	K* - Offic	ce Expenses	8	Q* - D	onatio	n to Lega	Expense Fund
O* Other									
NAME OF TAXABLE PARTY.	e detailed explanatio	The second liverage and the se						A TELEVISION	
CRO-1310		NC S	tate Board o	f Elections				-4.00-00	December 2009

T 771 1 0 . 11 . 1					Am en dn	ent	
In-Kind Contributions				1		No No	
Use this form to report non-monetary contribution				to the cor	mmittee or	fund.	
Use CRO-1215 if In-Kind Contributions were o		n 7 day	s.				
1. Committee Full Name (and Fund if applicab	le)			2. ID	Number		
FRANK WILLIAMS COMMITTEE				BRU-	-988340-C	C-001	
3. Contributor Information	☐ Add ☐ Re	move			2023		
a. Full Name, Mailing Address & Phone	b. Type of Co	ı tri bu to	r	c. Con	c. Comments		
(include city, state, & zip)	X Individual						
W L CAVINESS III	☐ Candidate						
5904 CANE WOOD PLACE	☐ Party						
RALEIGH, NC 27612	☐ PAC						
	Referendum			d. Election Sum to Date			
	Other Rece	ipt Sour	ce	\$		150.00	
e. Description		f. Date	(mm/c	ld/yyyy)	g. Fair N	larket Amount	
FOOD, SUPPLIES FOR EVENT		0	7/05/2	015	\$	115.00	
					\$		
					\$		
4. Total only this Page				\$		115.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary	Page CRO-1100)			\$		115.00	

CRO-1510

NC State Board of Elections

December 2007

	ee Full Name (and Fund			2. ID Numb	er
FRANK W	/ILLIAMS COMMITT	EE		BRU-9883	
3. Transfer	Information			lima Lanks	
. Amend	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount	
Add Remove	ONLINE 12	MAIN	07/01/2015	\$	47.7
Add Remove	ONLINE 12	MAIN	07/08/2015	\$	310.3
Add Remove	ONLINE 12	MAIN	07/31/2015	\$	47.7
Add Remove	ONLINE 12	MAIN	09/11/2015	\$	100.00
Add Remove	ONLINE 12	MAIN	12/14/2015	\$	133.68
Ada Remove	ONLINE 12	MAIN	12/18/2015	\$	95.50
Add Remove	ONLINE 12	MAIN	12/29/2015	\$	95.50
. Total or	nly this Page			\$	830.55
Total of	ALL CRO-1720 P ust be on line 24 of Detaile	ages d Summary Page CRO-1100		\$	830.55